



New Jersey Department of Environmental Protection  
Site Remediation & Waste Management Program

REMEDIAL ACTION PERMIT INITIAL APPLICATION –  
GROUND WATER

Date Stamp  
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: \_\_\_\_\_

List All AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough, or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Case Tracking Number(s): \_\_\_\_\_

Municipal Block(s) and Lot(s) of the site/property: \_\_\_\_\_

Is this site a Federal case? ..... ☐ Yes ☐ No

If "Yes", indicate the Federal Case Type:

☐ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE

☐ Other (explain): \_\_\_\_\_

SECTION B. INITIAL GROUND WATER REMEDIAL ACTION PERMIT APPLICATION

1. Reason for Initial Ground Water Remedial Action Permit (RAP) Application: (*check one*)

☐ To support a Response Action Outcome (RAO)

☐ To support a Post-No Further Action (NFA)

**Note:** This permit application will not be processed until all past RAP annual fees  
and the Remedial Action Protectiveness/Biennial-Certification fee have been paid in full.

☐ Subdivision of an existing Ground Water RAP

Has the Ground Water RAP Modification or Termination Application also been submitted  
for the original parcel(s)? ..... ☐ Yes ☐ No

If "No", please explain why in Section K below.

☐ Other (*provide reason - see instructions*): \_\_\_\_\_

2. The appropriate Initial Ground Water RAP Application fee must be enclosed with this application.

	Effective on or Before June 30, 2022	Effective July 1, 2022
Ground Water Natural Attenuation RAP Fee – Initial .....	\$990.00 .....	\$1,050.00
Ground Water Active System RAP Fee – Initial .....	\$990.00 .....	\$1,050.00

### SECTION C. FEE BILLING CONTACT PERSON

Business Name: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

☐ Addendum for additional Person Responsible for Conducting the Remediation has been completed.

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Check the box if the Person Responsible for Conducting the Remediation is the Primary Contact for Permit Compliance

### SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE

☐ Addendum for additional Owner of the Site has been completed.

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Check the box if the owner is the Primary Contact for Permit Compliance

### SECTION F. ATTACHED DOCUMENTS

Attach the following documents:

**Note:** All electronic copies should be provided in Adobe PDF file format on a compact disc (CD) except the Ground Water Monitoring Plan which should be provided in MS Excel file format on a CD.

- ☐ Hard copy **and** electronic copy of the completed Initial Ground Water RAP Application using the current form on the NJDEP Website.
- ☐ Remedial Action Report (RAR) submitted through the online portal unless this application is related to a Post-NFA Case. For Post-NFA Cases, submit an electronic copy of the RAR and any other pertinent reports/letters (e.g., Remedial Action Workplan (RAW) Approval Letters).

Provide the Licensed Site Document (LSD) Activity Number for the RAR online submission: \_\_\_\_\_

\*Site is under traditional oversight and documents aren't submitted via the NJDEP Portal. A copy of the RIR/RAR has been included with this submittal

- ☐ Electronic copy of a map or the location in the RAR (*Section #s/Figure #s*) of the map(s) showing area of concern/source and showing and/or explaining horizontal and vertical delineation of the ground water contamination.

Location in the RAR (*Section #s/Figure #s*): \_\_\_\_\_

- ☐ Electronic copy of ground water contour maps for at least the last four ground water sampling events or the location in the RAR with these maps.

Location in the RAR (*Figure #s*): \_\_\_\_\_ Fact Sheet

- ☐ Electronic copy of a table summarizing the monitoring well construction details (below ground surface (bgs)) for all the monitoring wells at the site or the location in the RAR with this table.

Location in the RAR (*Table #*): \_\_\_\_\_

- ☐ Electronic copy of the Classification Exception Area/Well Restriction Area (CEA/WRA) Fact Sheet Form.
- ☐ Electronic copy of the Ground Water Monitoring Plan (in MS Excel file format).
- ☐ Electronic copy of the NFA Letter (*Post-NFA Cases only*), if applicable.
- ☐ Electronic copy of the Vapor Intrusion Long-Term Monitoring Plan, if applicable.
- ☐ Electronic copy of the Operation, Maintenance, and Monitoring (OMM) Plan for the vapor intrusion engineering control(s)/mitigation system(s) that are currently in place, if applicable.
- ☐ Electronic copy of the OMM Plan for the Point of Entry Treatment (POET) water system(s) that are currently in place, if applicable.
- ☐ Electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable, including:

Only Check One:

- ☐ **Original** Financial Assurance mechanism (*hard copy*), including any Amendments, is attached.
- ☐ Date the original Financial Assurance mechanism was submitted to the NJDEP:
- ☐ An electronic copy of the Remediation Funding Source (RFS) mechanism, is included if using an existing RFS mechanism as the Financial Assurance, and an amendment to conform to the Financial Assurance format.
- ☐ Electronic copy of the homeowner or condominium association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site, if applicable.

## SECTION G. MONITORING, MAINTENANCE AND EVALUATION INFORMATION

1. Has the ground water contamination been horizontally delineated in all directions at the site? ..... ☐ Yes ☐ No

If "**No**", provide the location in the RAR (*Section #*)  
that supports the variance from N.J.A.C. 7.26E-4.3(a)4: ..... See response in Section K of this RAP & Exhibit D of CEA Fact Sheet

2. Has the ground water contamination been vertically delineated at the site? ..... ☐ Yes ☐ No

If "**No**", provide the location in the RAR (*Section #*)  
that supports the variance from N.J.A.C. 7.26E-4.3(a)4: ..... See response in Section K of this RAP & Exhibit D of CEA Fact Sheet

3. Type of Ground Water Remediation

a. ☐ **Monitored Natural Attenuation (MNA)**

- i) Is there a decreasing trend of contaminant concentrations in the ground water? ..... ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section #*)  
that documents this issue.: \_\_\_\_\_

If "**No**", provide the location in the RAR (*Section #*) that justifies the  
protectiveness of the remedy..... \_\_\_\_\_

- ii) Is the **behavior** of the ground water contaminant plume considered to be  
shrinking or stable? ..... ☐ Yes ☐ No

If "**Yes**", check off only one of the following: ☐ Shrinking ☐ Stable  
and provide the location in the RAR (*Section #*)  
that documents this issue.: \_\_\_\_\_

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

iii) Have secondary lines of evidence been collected to support the MNA proposal? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: .....

iv) Have tertiary lines of evidence been collected to support the MNA proposal? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: .....

v) Is the ground water plume reaching the sentinel wells? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the Ground Water Quality Standards (GWQS) or if you are using an alternate method that is not a sentinel monitoring well:.....

vi) Has all soil contamination in the unsaturated zone been remediated to the applicable numeric Soil Remediation Standard for all area(s) of concern associated with this CEA? ..... ☐ Yes ☐ No ☐ N/A

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

vii) Has all free and/or residual product in the unsaturated and saturated zones, as determined pursuant to N.J.A.C. 7:26E-5.1(e), been treated or removed for all area(s) of concern associated with this CEA? ..... ☐ Yes ☐ No ☐ N/A

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

b. ☐ **Active Remediation**

Provide the type of remediation: .....

i) Is there a decreasing trend of contaminant concentrations in the ground water? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: .....

If "No", is the ground water plume considered stable? ..... ☐ Yes ☐ No

Provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

ii) Is the ground water plume reaching the sentinel wells? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #) that justifies the protectiveness of the remedy since the sentinel well(s) should be below the GWQS or if you are using an alternate method that is not a sentinel monitoring well:.....

iii) Is the ground water remedial action performing as designed? ..... ☐ Yes ☐ No

If "No", provide the location in the RAR (Section #)

that justifies the protectiveness of the remedy: .....

iv) Indicate the expected duration of the active remediation: ..... (years)

4. Has a Technical Impracticability (TI) Determination been submitted? ..... ☐ Yes ☐ No

If "Yes", provide the location in the RAR (Section #)

that documents this issue.: .....

5. Has any ground water contamination migrated onto the site/property from an off-site source and that is not being included in the Ground Water RAP? ..... ☐ Yes ☐ No

If "Yes", provide the communication center number

that was received when called into the Hotline and the location in the

RAR (Section #) that documents this issue:.....

6. Is any ground water contamination being attributed to natural background conditions and that is not being included in the Ground Water RAP? ..... ☐ Yes ☐ No

If **"Yes"**, provide the location in the RAR (*Section #*)

that documents this issue: .....

7. Check the **Monitoring Schedule** you plan to apply:

- ☐ Monthly ☐ Annual  
☐ Quarterly ☐ Biennial  
☐ Semi Annual ☐ Other: .....

## SECTION H. FINANCIAL ASSURANCE

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☐ No

If **"No"**, proceed to the next section.

2. Are any of the permittees exempt from establishing Financial Assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

If **"Yes"**, check the exemption(s) that applies.

Person Responsible  
for Conducting the  
Remediation –  
Co-Permittee

Current  
Owner of  
the Site –  
Co-Permittee

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> ..... | <input type="checkbox"/> Government entity (e.g., departments, agencies, and public universities)  |
| <input type="checkbox"/> ..... | <input type="checkbox"/> A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009           |
| <input type="checkbox"/> ..... | <input type="checkbox"/> A person that conducted remediation at their primary or secondary residence                                     |
| <input type="checkbox"/> ..... | <input type="checkbox"/> Owner or operator of a child care center  |
| <input type="checkbox"/> ..... | <input type="checkbox"/> Public school, private school, or charter school  |
|                                | <input type="checkbox"/> Owner or operator of a small business responsible for conducting remediation <b>at the location of the site</b> |

If all of the permittees are exempt, proceed to the next section.

3. Is the current owner of the site either a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ..... ☐ Yes ☐ No

If **"Yes"**, and the association is identified in Section E of this RAP Application, an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ .....

5. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

If **"Yes"**, have all the following criteria been met? ..... ☐ Yes ☐ No

- The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of \$30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
- The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
- The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS: ..... \$ .....

6. Identify the full amount established as a Financial Assurance: .....\$ \_\_\_\_\_

As indicated in Section F above, an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached. Also, please be sure to provide one of the following as indicated in Section F above: the **original** Financial Assurance mechanism (attach hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

7. What is the Financial Assurance Mechanism? (*check all that apply*)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Remediation Trust Fund         | <input type="checkbox"/> Line of Credit   | <input type="checkbox"/> Surety Bond |
| <input type="checkbox"/> Environmental Insurance Policy | <input type="checkbox"/> Letter of Credit |                                      |

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### SECTION I. LAND USE (*for overlying CEA*)

1. **Current Site Land Use** (*check all that apply*)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Industrial            | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Child Care Facility |
| <input type="checkbox"/> Residential           | <input type="checkbox"/> Agricultural             | <input type="checkbox"/> Hospital            |
| <input type="checkbox"/> Commercial            | <input type="checkbox"/> Road/Right of Way        | <input type="checkbox"/> Vacant              |
| <input type="checkbox"/> Governmental Facility | <input type="checkbox"/> School                   | <input type="checkbox"/> Other _____         |

2. **Off-site Land Use** (*check all that apply for Blocks/Lots included in the areal extent of the CEA*)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Industrial            | <input type="checkbox"/> Park or Recreational Use | <input type="checkbox"/> Child Care Facility |
| <input type="checkbox"/> Residential           | <input type="checkbox"/> Agricultural             | <input type="checkbox"/> Hospital            |
| <input type="checkbox"/> Commercial            | <input type="checkbox"/> Road/Right of Way        | <input type="checkbox"/> Vacant              |
| <input type="checkbox"/> Governmental Facility | <input type="checkbox"/> School                   | <input type="checkbox"/> Other _____         |

#### SECTION J. AFFECTED RECEPTOR SUMMARY

1. Are there any buildings with an Indeterminate Vapor Intrusion Pathway status? ..... ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section # and Figure #*)  
that documents this issue: .....

2. Is there soil gas contamination above the Soil Gas Screening Levels  
beneath any buildings that require long-term monitoring? ..... ☐ Yes ☐ No

If "**Yes**", provide the location in the RAR (*Section # and Figure #*)  
that documents this issue: .....

*As indicated in Section F above, an electronic copy of the Vapor Intrusion  
Long-Term Monitoring Plan should be attached.*

3. Are any vapor intrusion engineering controls/mitigation systems currently installed at any buildings as a result of this ground water contamination? ..... ☐ Yes ☐ No

If **"Yes"**, indicate the type of engineering control that was implemented: *(check all that apply)*

- ☐ Subsurface Depressurization System
- ☐ Subsurface Ventilation System
- ☐ Soil Vapor Extraction System
- ☐ HVAC Positive Pressure
- ☐ Other (specify): \_\_\_\_\_

As indicated in Section F above, an electronic copy of the OMM Plan for the vapor intrusion engineering control(s)/mitigation system(s) should be attached. The OMM Plan should clearly identify the building(s) and/or structure(s) and vapor intrusion engineering control(s)/mitigation system(s) that are in place (e.g., active or passive), including the address and block and lot of each impacted property.

4. Are any Point of Entry Treatment (POET) water systems currently installed at any buildings as a result of this ground water contamination? ..... ☐ Yes ☐ No

If **"Yes"**, an electronic copy of the OMM Plan for the POET water system(s) should be attached as indicated in Section F above. The OMM Plan should provide the address and lot and block of each property with a POET water system in place. The sampling of the POET water system(s) should be included in the Ground Water Monitoring Plan for the site.

5. Are any potable wells that do not have a POET water system currently being sampled regularly as a result of this ground water contamination? ..... ☐ Yes ☐ No

If **"Yes"**, include these potable wells in the Ground Water Monitoring Plan for the site.

**SECTION K. OTHER INFORMATION PROVIDED**

List any other pertinent information to support the Initial Ground Water RAP Application



**SECTION L. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible for Conducting the Remediation:

Hess Corporation

Representative First Name: John

Representative Last Name: Schenkewitz

Title: Senior Advisor, EHS

Phone Number: (609) 406-3969

Ext.: \_\_\_\_\_

Fax: (732) 352-7795

Mailing Address: Trenton-Mercer Airport, 601 Jack Stephan Way

City/Town: Trenton

State: NJ

Zip Code: 08628

Email Address: jschenkewitz@hess.com

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: 

Date: 10/6/22

Name/Title: John Schenkewitz / Sr. Advisor, EHS

**SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION**

Full Legal Name of the Person Responsible who owns the site:

Hess Corporation

Representative First Name: John

Representative Last Name: Schenkewitz

Title: Senior Advisor, EHS

Phone Number: (609) 406-3969

Ext.: \_\_\_\_\_

Fax: (732) 352-7795

Mailing Address: 1900 Dalrock Road

City/Town: Rowlett


State: TX

Zip Code: 75088

Email Address: jschenkewitz@hess.com

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: 

Date: 10/6/22

Name/Title: John Schenkewitz / Sr. Advisor, EHS

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice  
Site Remediation Program  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

## SECTION N. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) *I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.*

(2) *I certify:*

- *That I have read this submission and all attachments to this submission;*
- *That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;*
- *That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;*
- *That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and*
- *That the information contained in this submission and all attachments to this submission is true, accurate, and complete.*

(3) *I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.*

(4) *I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.*

(5) *I certify that I understand and acknowledge that:*

- *If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a) through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and*
- *If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.*

(6) *I certify that I have read this certification prior to signing, certifying, and making this submission.*

LSRP Signature: 

Date: 10/06/22

LSRP Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

## ADDENDUM A

### Additional Persons Responsible For Conducting Remediation

#### ADDENDUM TO SECTION D. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION – CO-PERMITTEE

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Check the box if the Additional Person Responsible for Conducting the Remediation is the Primary Contact for Permit Compliance

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☐ No

If "**No**", proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

If "**Yes**", check the exemption(s) that applies:

- ☐ Government entity (e.g., departments, agencies, and public universities)
- ☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
- ☐ A person that conducted remediation at their primary or secondary residence
- ☐ Owner or operator of a child care center
- ☐ Public school, private school, or charter school

3. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ \_\_\_\_\_

4. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

If "**Yes**", have all of the following criteria been met? ..... ☐ Yes ☐ No

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of \$30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS..... \$ \_\_\_\_\_

5. Identify the full amount established as a Financial Assurance: ..... \$ \_\_\_\_\_

As indicated in Section F above, *an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached*. Also, please be sure to provide one of the following as indicated in Section F above: attach the **original** Financial Assurance mechanism (hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

6. What is the Financial Assurance Mechanism? (*check all that apply*)

- ☐ Remediation Trust Fund ☐ Line of Credit ☐ Surety Bond
- ☐ Environmental Insurance Policy ☐ Letter of Credit

## ADDENDUM A

7. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

### ADDENDUM TO SECTION L. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation:

\_\_\_\_\_

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person responsible for conducting the remediation who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

**ADDENDUM B**  
**Additional Property Owners**

**ADDENDUM TO SECTION E. CURRENT OWNER OF THE SITE – CO-PERMITTEE**

Affiliation/Name of Organization: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Check the box if the owner is the Primary Contact for Permit Compliance

1. Does the remedial action include a ground water or vapor intrusion engineering control? ..... ☐ Yes ☐ No  
If **"No"**, proceed to next section.

2. Are you exempt from establishing financial assurance pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

If **"Yes"**, check the exemption that applies, and then proceed to the next section:

- ☐ Government entity (e.g., departments, agencies, and public universities)
- ☐ A person not liable pursuant to the Spill Act that purchased contaminated property before May 7, 2009
- ☐ A person that conducted remediation at their primary or secondary residence
- ☐ Owner or operator of a child care center
- ☐ Public school, private school, or charter school
- ☐ Owner or operator of a small business responsible for conducting remediation **at the location of the site**

3. Do you represent a homeowner association or a condominium association pursuant to the New Jersey Common Interest Association Act, N.J.S.A. 46:8A-1 et seq.? ..... ☐ Yes ☐ No

If **"Yes"**, an electronic copy of the association's annual budget that includes funds for the operation, maintenance, and monitoring of the engineering control(s) at the site should be attached as indicated in Section F above.

4. Identify the estimated cost of the operation, maintenance, and monitoring of the engineering control(s) at the site: ..... \$ \_\_\_\_\_

5. Are you using an existing RFS mechanism for the site as the Financial Assurance? ..... ☐ Yes ☐ No

If **"Yes"**, have all the following criteria been met? ..... ☐ Yes ☐ No

- a. The amount of funds needed to operate, maintain, and monitor the engineering control(s) at the site for the duration of the CEA or for 30 years (minimum of \$30,000 for a 30-year time frame) if the duration of the CEA is indeterminant;
- b. The amount of funds in the RFS equals the amount of funds required to be posted for RFS and Financial Assurance; and
- c. The RFS is not in the form of a self-guarantee.

Identify the full amount of the current RFS ..... \$ \_\_\_\_\_

6. Identify the full amount established as a Financial Assurance: ..... \$ \_\_\_\_\_

As indicated in Section F above, *an electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate should be attached*. Also, please be sure to provide one of the following as indicated in Section F above: the **original** Financial Assurance mechanism (attach hard copy), including any Amendments, to the Ground Water RAP Application; the date the original Financial Assurance mechanism was submitted to the NJDEP; or an electronic copy of the existing RFS mechanism that is being used as the Financial Assurance and the amendment to conform to the Financial Assurance format.

## ADDENDUM B

7. What is the Financial Assurance Mechanism? *(check all that apply)*

- ☐ Remediation Trust Fund      ☐ Line of Credit      ☐ Surety Bond  
☐ Environmental Insurance Policy      ☐ Letter of Credit

8. Contact information at the financial institution for the Financial Assurance:

Financial Institution: \_\_\_\_\_  
First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### ADDENDUM TO SECTION M. CURRENT OWNER OF THE SITE INFORMATION AND CERTIFICATION

Full Legal Name of the Person who owns the site:

Representative First Name: \_\_\_\_\_ Representative Last Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name/Title: \_\_\_\_\_

AOC-19: QC Laboratory  
Hess Corporation - Former Port Reading Complex (HC-PR)  
Well Construction Table

Well ID	Permit Number	Block	Lot	Latitude			Longitude			Northing	Easting	TOC Elevation (ft)	Groun d Elevati	Survey Date	Diameter (in)	Screen Length (ft)	Screen Interval (bgs, ft)	Screen Interval (TOC, ft)	Stick-Up Height (TOC - Ground Elev., ft)	Screen Type	Casing Length (ft)	Depth of Well (bgs, ft)	Depth of Well (TOC, ft)	Install Date	Permit Date
MW-1	E201607933	664.01	1.01	40	33	48.89	74	15	9.64	630306	560836	24.48	21.58	7/26/2016	2	10	6-16	6-16	2.9	.10 sch. 40 PVC	6	16	16	4/15/1985	4/9/1985
MW-2	E201607934	664.01	1.01	40	33	48.18	74	15	8.56	630234	560919	19.01	19.37	7/26/2016	2	12	1-13	1-13	Flush Mount	.10 sch. 40 PVC	1	13	13	7/5/2016	7/5/2016
MW-3	E201607935	664.01	1.01	40	33	47.57	74	15	8.94	630172	560890	18.91	19.28	7/26/2016	2	10	3-13	3-13	Flush Mount	.010 sch.40 PVC	3	15	18	12/22/2017	12/20/2017
MW-4	E201615028	664.01	1.01	40	33	48.48	74	15	9.09	630265	560879	24.07	21.22	1/16/2017	2	12	3-15	6-18	2.85	.010 sch.40 PVC	6	20	22	11/12/1981	11/10/1981
PER-6R	P200800554	664.01	1.01	40	33	49.87	74	15	9.19	630405.1	560870.2	21.54	19.94	12/9/2014	4	19	3-22	3-22	1.60	.010 sch.40 PVC	3	22	22.00	4/8/2002	3/20/2002